



Application for Certification of Librarianship

State Board for the Certification of Librarians
Kentucky Department for Libraries and Archives

APPLYING FOR: ☐ Professional I ☐ Professional II ☐ Professional III ☐ Professional IV
☐ Paraprofessional ☐ Library Experience ☐ Temporary

INSTRUCTIONS:

Complete both pages of this form.
Enclose the required fee of \$5.00 made payable to the
Kentucky State Board for the Certification of Librarians.
Attach transcripts and grades of college credit
received.
Keep copies for your files.
Mail original form with original signatures to:
State Board for the Certification of Librarians
300 Coffee Tree Rd.
P.O. Box 537
Frankfort, Kentucky 40602-0537

For State Certification Use Only:

Approved _____

Certificate _____

Certificate Number: _____

Valid from: _____ to _____

Name: _____ **SS#** _____
Last First Middle

Home Address: _____
Street City State Zip

Library Where Currently Employed: _____

Address City State Zip County

Highest Grade Completed: (Circle one) GED / High school College Graduate
9 10 11 12 1 2 3 4

	School	Address	Dates Attended	Graduation Date	Degree
Graduate					
Undergraduate					
Vocational Technical					
Other					

LIBRARY WORK EXPERIENCE: List below in chronological order library positions you have held. Begin with the most recent.

Name of Library	Address	Position	Hours worked per month	Starting Date	Ending Date

CURRENT POSITION HELD:

(check one)

- ☐ Director (county population over 15,000)
- ☐ Director (county population of 15,000 or less)
- ☐ Assistant Librarian
- ☐ Branch Head
- ☐ Bookmobile Librarian
- ☐ Other Full-time Personnel

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any false statements may result in denial or revocation of the certificate.

Applicant Signature

Date

I have reviewed this application and certify that the answers are correct so far as they pertain to this library.

Signature of Library Director or
President of County Library Board

Date